

North Carolina Mental Health Planning and Advisory Council

Meeting Minutes

July 16, 2004

Members Present

Rich Greb, Chair	X	Jimmy Arrington Kent Earnhardt	X	Lucy Dorsey	
Libby Jones, Co-Chair	X	Mary Bethel	X	Rochelle Edwards	
Dan Fox	X	Linner Ward Griffin	X	Patricia Harris	
John Hayes		Ellen Holliman	X	Bill Hussey	
Diann Irwin		Bill Jones		Phyllis Kennedy	
Jeff McCloud	X	Dorothy O'Neal	X	James Osberg Sherry Harrison	X
Pat Prescott		Chris Rakes	X	Frank Read	X
Osborne Shamberger		Paula Snipes		Mary Recca Todd	X
Sheila Wall-Hill	X	Carolyn Wiser	X	Laura Yates	X
Allyn Guffey Kaye Holder	X				

Guests

Bonnie Morrel	X				
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Staff to Council

Judy Bright	X	Markita Keaton	X	Vanessa Holman	X
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Rich Greb, Chair

Rich opened the meeting by welcoming members and the guest, Bonnie Morrel, to the meeting. Members introduced themselves and Rich introduced Judy Bright, who will be serving as staff to the Council. Judy is a team member on the Division Affairs team. He asked if members could have name placards at the next meeting. Bright agreed to have them for each member. Laura Yates asked that members receive notification of who is coming to the meeting and of lunches ordered. Bright was also asked to compile a list of the major accomplishments of this Council for the 2003 – 2004 fiscal year. The May 7, 2004 Minutes were reviewed and were approved as submitted.

Bonnie Morrel

Bonnie explained that she was interested in getting input to the Mental Health Block Grant prior to it being written so did not have a complete plan to present to the Council members. Members offered the following:

- ☐ The flow of the past proposal was not reader friendly
- ☐ Members wanted to have input in order to shape the plan
- ☐ Stress the importance of peer run services
- ☐ Address the issue of zoning for psychosocials in one Local Management Entity (LME)

- ❑ Within the management portion of the plan, address reduction of paperwork for therapists
- ❑ Assure consistency across the state, e.g. if State Plan describes method for operationalizing a process, make sure the Area Authority does not change that methodology for its own purposes (operation of CFAC)
- ❑ Address the need for advocates to be at the Mental Health Center/access areas to help new consumers through the system
- ❑ Provide training for new consumers about the system of services
- ❑ Identify services for children who do not fall within the target population before their symptoms get so bad that they become a member of the target population – need more prevention/intervention
- ❑ Need informed portals at the LME to assure that providers do not refuse to serve certain individuals; that providers do not refuse to provide services to certain populations; and that providers are providing accurate and sufficient information to consumers and families
- ❑ Need to have a stronger collaborative relationship with the public schools
- ❑ Identify ways to fund other LMEs that do not have housing budgets
- ❑ Assure training from the basics of documentation through service delivery/service types
- ❑ Assure that the provision and availability of respite is consistent across the state
- ❑ Need to have peer support systems for families with children with mental illness
- ❑ There needs to be a seamless line from MH/DD/SA for service delivery
- ❑ Need mobile crisis unit
- ❑ Need family advocates in grant sites
- ❑ Need a support process for providers to receive technical assistance – one contact at the LME who is knowledgeable about provider issues; who can get answers
- ❑ Need a “loop” for consumer based/run services, e.g. advocacy, peer support, transportation, warm line
- ❑ Need contacts with expertise with consumer run businesses to be able to answer questions
- ❑ Georgia bills Medicaid for peer support services – only requirement for billing is that individual become certified as a peer support specialist (person attends training in peer support)
- ❑ Need more peer support counseling services
- ❑ Need to provide incentives for providers
- ❑ Need more psychosocial clubs
- ❑ Need more psychiatrists/therapists from the college system
- ❑ Need to assure that providers do not get paid until services are rendered
- ❑ Need training for provider staff
- ❑ Stress collaboration and include outcomes to measure effectiveness of collaboration
- ❑ Need places to deescalate versus hospital placement

Review of the plan was discussed by Council members. Bonnie reported that the plan was to be mailed early September. Council members agreed to move the September meeting to August 13 to assure that members had the opportunity to review and comment on the draft. As well, a sub-committee was formed to look at the plan and provide additional input. Members of the sub-committee included Jeff McCloud, Libby Jones, Ellen Holliman, Chris Rakes, Laura Yates and Rich Greb. Bonnie assured members that the draft plan would be ready to e-mail to Council members on 8/6/04. Bright would mail hard copies to members as well.

Reports

- ❑ Rich provided an update on the current status of the Governor's Advocacy Council for Persons with Disabilities (GACPD) move to become a private non-profit agency. He reported that the response from the Governor is favorable but he has not yet made a recommendation. The Board of GACPD is being reconfigured. There were 40 applications, 16 individuals selected. Rich and Jeff were both selected to be on the Board. The new agency will be known as the Disabilities Rights Center for North Carolina. The web-site is www.drc-nc.org. GACPD also has a link.
- ❑ Rich also reported that PAMI and GAPCD are arranging payment for a contract to have three surveys completed: 1) survey of CFACs regarding output and statistical information; 2) survey of Human Rights Committees – how they are constituted and how they are dealing with grievances and reports; and 3) a survey of those in long term placements. They would like to have these surveys completed in nine months. The RFP is out – it will be sole sourced. The Council voted to endorse writing a letter to the Division endorsing support for these efforts. The motion was made and seconded. The vote was unanimous.
- ❑ Laura will bring copies of the recommendations for those who are homeless to the next meeting. She reported that North Carolina was sited as having one of the best, best practice programs for aftercare planning nationally for those leaving the prison system. Council members applauded the efforts Laura has made in making this an outstanding program.
- ❑ Mary reported that there was a special provision in the budget for a study of mental illness/aging in long term care facilities.
- ❑ Jeff notified the members of upcoming training from the Council on Community Program's Leadership Forums for Consumers. The training is scheduled for
 - ❑ New Bern July 27th
 - ❑ Greensboro August 31
 - ❑ Wilmington November 3

NCHFA.com also includes applications on the web site.

- Libby reported on the training she attended in Washington, D.C for Mental Health Planning Council members. She also shared a copy of a training video, *Inside Outside: Building a Meaningful Life After the Hospital*. Bright volunteered to have copies made for each member of the Council.

There being no further business, the meeting was adjourned at 2 p.m.